

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Eric Rose, et al.

Serial No.: 10/646,493

Examiner: J. Russel

Filed : August 21, 2003

Group Art Unit: 1654

For : METHODS FOR INHIBITING THROMBOSIS IN A PATIENT WHOSE BLOOD IS
SUBJECT TO EXTRACORPOREAL CIRCULATIONCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

April 21, 2005

S I R:

Transmitted herewith is an amendment to the above identified application.

X Small entity status of this application under 37
C.F.R. §1.9 and §1.27 has been previously
established.

A verified statement to establish small entity status
under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
Total Claims	8	-	* 20	=	*** 0	X	\$25	\$50	=	0	0
Indepen- dent Claims	1	-	** 8	=	*** 0	X	\$100	\$200	=	0	0
Multiple Dependent Claim(s) Presented <u> </u> Yes <u> X </u> No For First Time							\$180	\$360	0	0	0
							TOTAL ADDITIONAL FEE \$ 0				

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☐ An Information Disclosure Statement, including Form PTO-1449 (Copies of citations included: Yes ☐ No ☐ and a fee of \$ included)
- ☒ A Petition for an Extension of Time, including a fee of \$ 60.00 for a Petition for 1 Month(s) Extension of Time
- ☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 60.00.

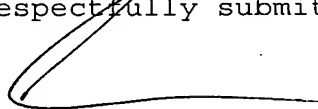
A check in the amount of \$ 60.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

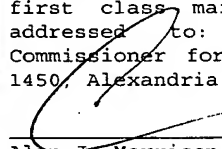
- ☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims.
- ☒ Patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Alan J. Morrison
Reg. No. 37,399

4/21/05
Date